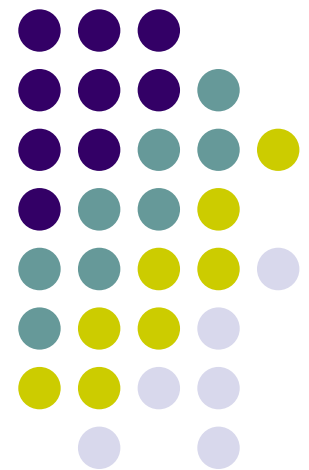




# **NORTH CAROLINA MEDICAID NATIONAL PROVIDER IDENTIFIER (NPI) SEMINAR**

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***March 2007***



NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# NPI Electronic Mailing List



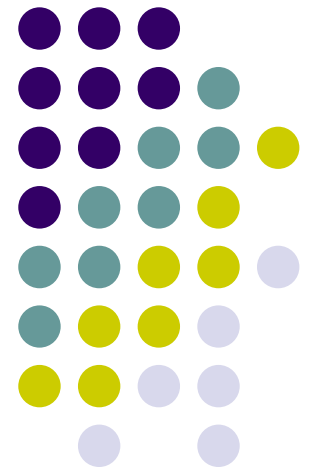
- Look at NPI announcements or sign up for the NPI Electronic Mailing list:  
<http://lists.ncmail.net/mailman/listinfo/dma.npi.listserv>
- Subscribe on DMA NPI Webpage  
<http://www.ncdhhs.gov/dma/npi.htm>
- For immediate NPI hot topics subscribe to our NPI Mailing List.

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

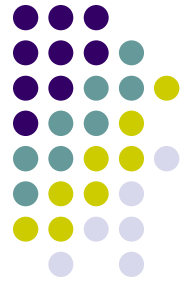
# NPI Overview

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## *History and Background of NPI*



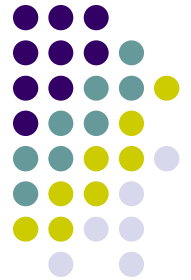
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# What is the NPI?

- Federally mandated by HIPAA of 1996
- Unique identifier for health care providers
- The NPI will replace all proprietary identifiers used in electronic transactions to identify a provider

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



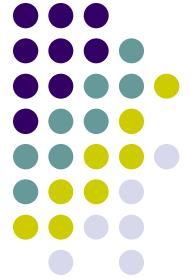
# How do you get an NPI?

- The NPI is assigned to providers by the National Plan and Provider Enumeration System (NPPES)
- Providers can apply for an NPI online, on a paper application, or through Electronic File Interchange
- Include Medicaid provider number on the NPPES application

**<https://nppes.cms.hhs.gov>**

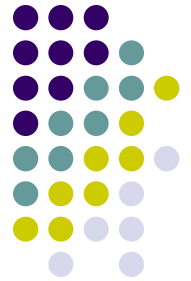
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- not having one can be costly!

# A Frequently Asked Question



“I applied for my NPI four weeks ago and have not received it yet. How do I check on the status?”

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- not having one can be costly!



# Enumerator Contact Information

- By Phone:

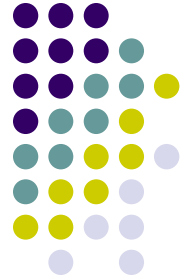
**1-800-465-3203 (NPI Toll-Free)**

**1-800-692-2326 (NPI TTY)**

- By Email:

**<http://customerservice@npienumerator.com>**

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# NPI Notifications

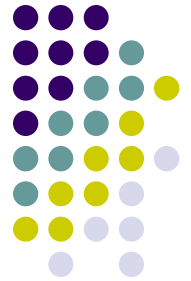
Three methods:

- Letter from NPPES
- Email from NPPES
- Email or letter from Electronic File Interchange Organization (EFIO)

Resulting in your NPPES Certification

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- not having one can be costly!



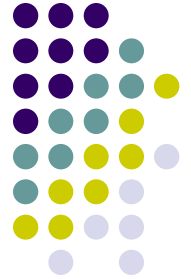


# What does the NPI look like?

- The NPI is a 10-byte, all-numeric identifier
- The last byte is a check digit
- NPI begins with 1 or 2
- There is no intelligence built into the NPI

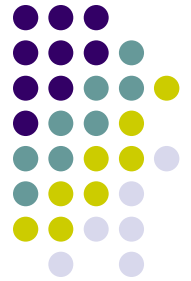
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- not having one can be costly!

# What the NPI will do:



- Replace the use of all provider identifiers (e.g., UPIN, Medicaid Provider Number, Medicare Provider Number, Blue Cross and Blue Shield Numbers) in standard transactions as of the compliance dates
- Replace the Medicaid Carolina ACCESS referral number

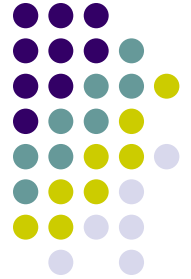
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# What the NPI will NOT do:

- Guarantee reimbursement by health plans
- Enroll providers in health plans
- Make providers covered entities
- Require providers to conduct electronic transactions

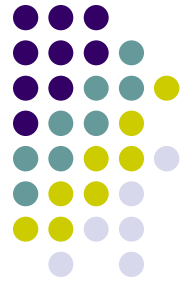
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- not having one can be costly!



# What the NPI will NOT do:

- Replace state-issued licenses and certifications verifying a provider's licensing or qualifications
- Replace Social Security Number, Individual Tax ID, or Employer ID for tax purposes

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- not having one can be costly!

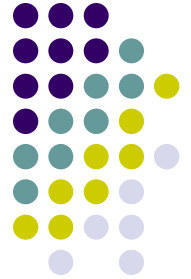


# Who can have an NPI?

Any “health care provider” (160.103)

- Both covered and non-covered providers
- Individuals (Type 1): Physicians, dentists, nurses, chiropractors, therapists, others
- Organizations (Type 2): Hospitals, pharmacies, laboratories, group practices, adult care homes, others

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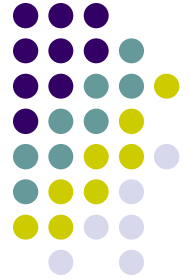
# What is a subpart?

- A provider is a legal entity
- A subpart is *not* a legal entity but it furnishes health care

Example: Hospital unit



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- not having one can be costly!

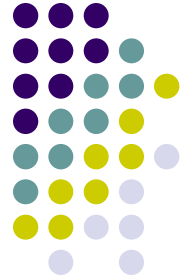


# NPI Subparts

- Concept does not apply to individuals
- Covered provider responsible for determining subpart's need for NPI
- If need exists, covered provider responsible for subpart obtaining NPI
- Covered provider responsible for enumerated subpart's compliance with Final Rule

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- not having one can be costly!

# What are the provider requirements?



- Obtain and begin to use the NPI in covered transactions by May 18, 2007
- Notify the NPPES enumerator within 30 days of any changes to application data
- Share the NPI when requested with:
  - Health Plans
  - Other Providers
  - Software Vendor/Clearinghouse

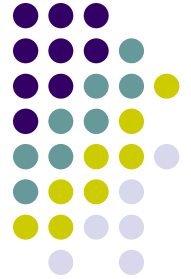
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- not having one can be costly!



# How does NPI impact providers?



- More information on transactions for the health plan to uniquely identify the provider
  - Zip +4
    - 0000 is not a valid Zip+4
    - Zip +4 lookup: **[www.usps.com](http://www.usps.com)**
  - Taxonomy codes



# Taxonomy Codes

- Identify provider type and specialty
- Codes are found at The Washington Publishing Company website:

**[www.wpc-edl.com/codes/taxonomy](http://www.wpc-edl.com/codes/taxonomy)**

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[Home](#) > [HIPAA Code Lists](#) > [Health Care Provider Taxonomy Code Set](#)[Home](#)[HIPAA](#)[EDI Publications](#)[EDI Standards](#)[EDI Table Data](#)[HIPAA Code Lists](#)[P&C Code Lists](#)[Web Site Help](#)[Sign In](#)[View Cart](#)[Ads by Google](#)**NPI Now**

Fast, easy NPI  
crosswalk with  
advanced provider data  
cleaning.  
[www.enclarity.com](http://www.enclarity.com)

[Advertise on this site](#)**HEALTH CARE PROVIDER TAXONOMY CODE SET****Code Set****More Information****Click Here to Expand List | Click terms below to expand/contract a section**

- ☒ Individual or Groups (of Individuals)
  - ☒ Group [\[more\]](#)
  - ☒ Allopathic & Osteopathic Physicians [\[more\]](#)
  - ☒ Behavioral Health & Social Service Providers [\[more\]](#)
  - ☒ Chiropractic Providers [\[more\]](#)
  - ☒ Dental Providers [\[more\]](#)
  - ☒ Dietary & Nutritional Service Providers [\[more\]](#)
  - ☒ Emergency Medical Service Providers [\[more\]](#)
  - ☒ Eye and Vision Services Providers [\[more\]](#)
  - ☒ Nursing Service Providers [\[more\]](#)
  - ☒ Nursing Service Related Providers [\[more\]](#)
  - ☒ Other Service Providers [\[more\]](#)
  - ☒ Pharmacy Service Providers [\[more\]](#)
  - ☒ Physician Assistants & Advanced Practice Nursing Providers [\[more\]](#)
  - ☒ Podiatric Medicine & Surgery Service Providers [\[more\]](#)
  - ☒ Respiratory, Rehabilitation & Restorative Service Providers [\[more\]](#)

**Status** Active**Code** 101Y00000X**Type** Level II Classification**Counselor**

A provider who is trained and educated in the performance of behavior health services through interpersonal communications and analysis. Training and education at the specialty level usually requires a master's degree and clinical experience and supervision for licensure or certification.

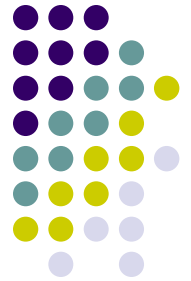
# What are the Health Plan requirements?



- MUST accept the NPI as the provider identifier on electronic transactions
- CAN require the NPI on paper transactions to identify the provider
- CANNOT direct a provider on how to enumerate
  - Refer to State letter for recommendations
- The health plan will still need to enroll providers

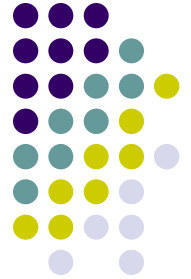
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- not having one can be costly!

# How does NPI impact health plans?



- The NPI contains no embedded intelligence
- Providers who have multiple numbers today to identify different types and specialties may only have one NPI
- Transition from proprietary number to the NPI

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- not having one can be costly!

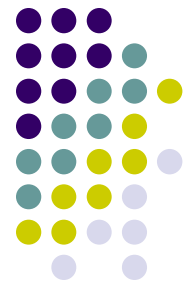


# Provider Preparation

- Step 1: Apply for and obtain NPI  
Federal Requirement
- Step 2: Report your NPI to Medicaid  
State Requirement

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- not having one can be costly!

# DMA Website



Search Address <http://www.ncdhhs.gov/dma/>



## Division of Medical Assistance

*Providing access to high quality, medically necessary health care for eligible North Carolina residents through cost effective purchasing of health care services and products.*

Provider Links

Consumer Links

County Links

Programs

Publications



The Division of Medical Assistance (DMA) oversees two programs: Medicaid and [NC Health Choice for Children](#).

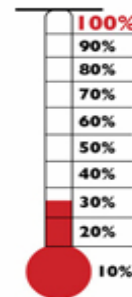
North Carolina's Medicaid program serves approximately one out of every eight people residing in our state. Last year, Medicaid served approximately 1.5 million children, aged, blind and/or disabled individuals. This year's budget for the Medicaid program is \$10,262,267,093 – of which is supported by \$7.6B in revenue (predominately federal Medicaid funds) and just under \$2.6B in state appropriations. Medicaid's budget is one of the largest in NC government – second only to overall budget for primary and secondary education.

Search DMA Web Site:

GO

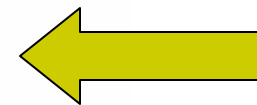
[Search DHHS Web Site](#)

### National Provider Identifier (NPI)



- Only 15,278 (25%) of 60,000 North Carolina Medicaid providers' [NPI Collection Forms](#) have been received. Forms must be returned by March 31, 2007.
- [DMA NPI Information](#)
- [Director's Letter from CMS](#)

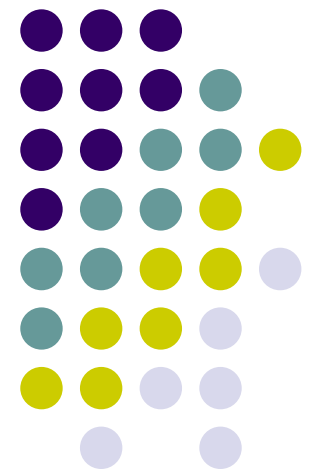
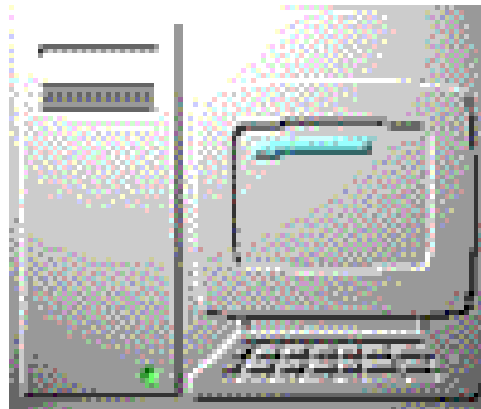
SEARCH  
BOX!



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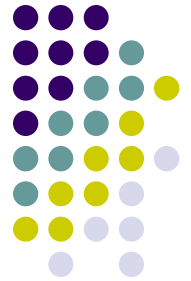
# How DMA is Collecting the NPI

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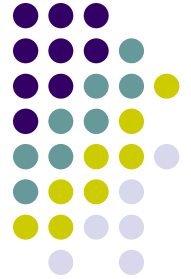
# Collection Methods

- DMA NPI Collection Spreadsheet (EDI)
- Fillable DMA NPI Collection Form
  - Group
  - Individual

Online Instructions:

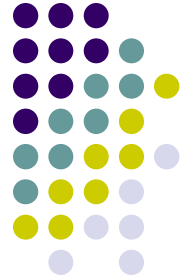
**<http://www.ncdhhs.gov/dma/NPI.htm>**

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- not having one can be costly!



# NPI Collection Spreadsheet

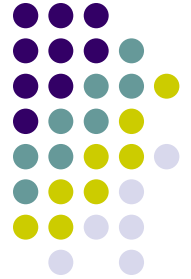
- Email all NPI information on one spreadsheet
- Automated Update
- Instruction Tips
  - Indicate G if entering group provider, or I for individual
  - Double check entries



# NPI Collection Spreadsheet

- Email to:  
**NCSubmitNPI@eds.com**
- Confirmation e-mail sent upon receipt

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- not having one can be costly!



# NPI Collection Form

- Fillable Microsoft Word Document
- Form Must be Typed
- Complete separate form for each Provider Number

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# NPI Collection Form

<b>Medicaid Provider Number</b>	<b>National Provider Number</b>	<b>Taxonomy Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you a Carolina ACCESS PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No		To report additional taxonomies use <a href="http://www.dhhs.state.nc.us/dma/npi/taxonomysheet.doc">http://www.dhhs.state.nc.us/dma/npi/taxonomysheet.doc</a> .

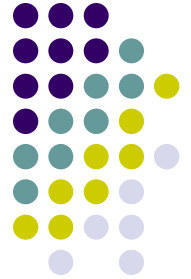
  

<b>Physical Address</b>	<b>Billing/Accounting Address</b>
Individual Name:	
Address 1:	
Address 2:	
City/State:	
Zip Code – Plus 4:	

<b>Printed Name /Title/Date</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>Signature</b> (Unless sent via email)		<b>Email Address</b> DMA-4101(1/07)

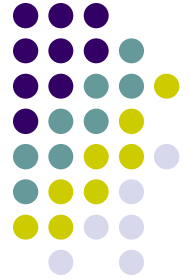
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- not having one can be costly!



# NPPES Certification

- Requested information:
  - Medicaid Provider Number
  - NPI
  - Taxonomy
  - Name
  - Address (including Zip+4)
- Send to DMA Provider Services for NPI Validation

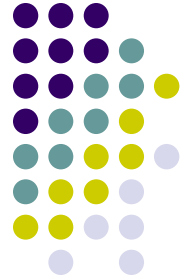
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- not having one can be costly!



# How do I obtain a copy?

- Contact enumerator at 1-800-465-3203
- Log into NPPES
  - <https://nppes.cms.hhs.gov>
  - Print copy of NPI screenshot

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- not having one can be costly!



# NPI Collection Form Submission

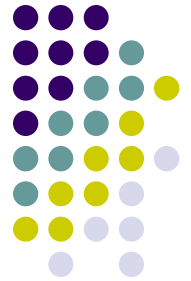
- Email Form and NPPES to:  
**[npi.dma@ncmail.net](mailto:npi.dma@ncmail.net)**

- Fax: 919-715-7140

- Mail: DMA Provider Services  
Attn: NPI Form  
2501 Mail Service Center  
Raleigh, NC 27699-2501

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- not having one can be costly!

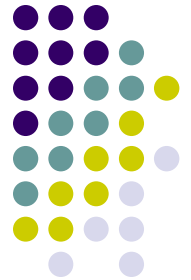




# NPI Reporting Tip

- Report NPI for core and service-level Medicaid provider numbers
- Example: Mental Health providers
  - 830xxxx = NPI 1111111111
  - 830xxxxB = ?
- Must report even if the NPIs are the same

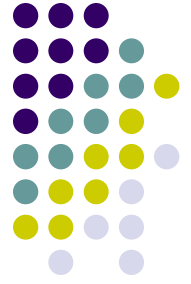
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- not having one can be costly!



# Key Dates to Know

- January 1, 2007- NPI Required on All Medicaid Provider Applications & Change Requests
- March 31, 2007- Deadline for reporting NPI to Medicaid
- May 18, 2007 – NPI required on all claims

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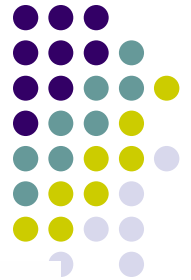


# Provider Letters

- “No NPI on File”
- Providers will receive a separate letter for each Medicaid Provider Number
- Check address label
  - Medicaid Provider Number – Right Corner
  - NPI – Left Corner

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# No NPI on File Letter



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**  
**Provider Services**

801 Ruggles Drive • 2501 Mail Service Center • Raleigh, NC 27699-2501  
(919) 855-4050

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance

February 19, 2007

Dear Provider:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for healthcare providers. The final rule for the National Provider Identifier (NPI) was issued on January 23, 2004, and adopts the NPI as this national standard. In order to comply with HIPAA, healthcare providers must report the NPI associated with each of their Medicaid provider numbers to the Division of Medical Assistance (DMA) Provider Enrollment unit. In addition, providers must submit a copy of the National Plan and Provider Enumeration System (NPPES) certification letter for each NPI number reported. Our records show that you have not submitted the NPI for the Medicaid provider number listed on the right corner of the address label attached to this correspondence.

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# No NPI on File Letter

- If you have not already applied for your NPI, please do so immediately at the following website: <https://nppes.cms.hhs.gov>. Please refer to the DMA NPI website at <http://www.ncdhhs.gov/dma/NPI.htm> for additional information.

Once your NPI has been assigned, follow the instructions outlined on the DMA NPI website at [www.ncdhhs.gov/dma/NPI.htm](http://www.ncdhhs.gov/dma/NPI.htm) for reporting your NPI and taxonomy to DMA. NPIs may be reported using the NPI Collection Form or the NPI Collection Spreadsheet (EDI).

- Submit a copy of the NPI certification (letter or e-mail) from NPPES. The NPPES certification is required when completing either the NPI Collection Form or the NPI Collection Spreadsheet (EDI). Follow the submission requirements outlined on the website.

Please ensure DMA Provider Enrollment receives your NPI information by March 31, 2007. Failure to report your NPI by the implementation deadline will result in claim denials.

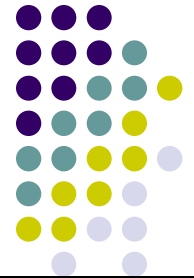
Sincerely,

Angela Floyd, Assistant Director  
Recipient and Provider Services

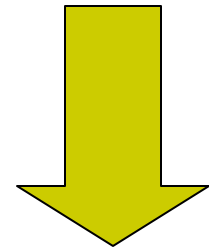
*NPI - Get It! Share It! Use It! Getting one is free - Not having one can be costly!*

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# Label Example

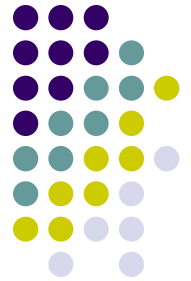


**Medicaid Provider  
Number**



5555555
Dr. James Feelgood
2500 Main Street
Raleigh, NC
27608

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- not having one can be costly!



# Provider Letters

- “No NPPES Certification on File”
- Providers will receive a separate letter for each Medicaid Provider Number
- Check address label
  - Medicaid Provider Number – Right Corner
  - NPI – Left Corner

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# No NPPES on File Letter



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**

**Provider Services**

801 Ruggles Drive • 2501 Mail Service Center • Raleigh, NC 27699-2501  
(919) 855-4050

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

L. Allen Dobson, Jr., M.D., Assistant Secretary  
for Health Policy and Medical Assistance

February 22, 2007

Dear Provider:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for healthcare providers. The final rule for the National Provider Identifier (NPI) was issued on January 23, 2004, and adopts the NPI as this national standard. In order to comply with HIPAA, healthcare providers must report the NPI associated with each of their Medicaid provider numbers to the Division of Medical Assistance (DMA) Provider Enrollment unit. In addition, providers must submit a copy of the National Plan and Provider Enumeration System (NPPES) certification letter or e-mail for each NPI number reported.

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# No NPPES on File Letter

Our records indicate that you have not submitted an NPPES certification for the NPI listed on the left corner of the address label attached to this correspondence. The Medicaid provider number associated with this NPI is listed on the right corner of the address label. DMA must have a copy of the certification letter or e-mail from NPPES to update your provider enrollment file. If the same NPI represents multiple Medicaid provider numbers, you only need to send one NPPES certification. The NPPES certification should be e-mailed, faxed, or mailed to the following:

Please <b>E-mail</b> to: <a href="mailto:npi.dma@ncmail.net">npi.dma@ncmail.net</a>	Please <b>Fax</b> to: (919) 715-7140	Please <b>Mail</b> to: DMA Provider Services Attention: NPI Form 2501 Mail Service Center Raleigh, NC 27699-2501
--	---	--

Please ensure that DMA Provider Enrollment receives this information by March 31, 2007. The NPI reporting process will not be complete until DMA Provider Enrollment receives the NPPES Certification.

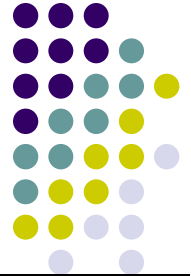
Sincerely,

Angela Floyd, Assistant Director  
Recipient and Provider Services

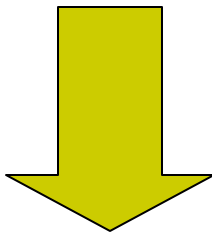
*NPI - Get It! Share It! Use It! Getting one is free - Not having one can be costly!*

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# Label Example

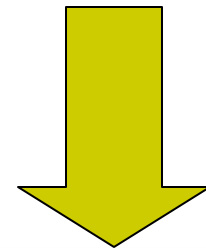


**NPI**



1234567890

**Medicaid Provider  
Number**



5555555

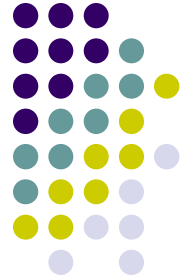
Dr. James Feelgood

2500 Main Street

Raleigh, NC

27608

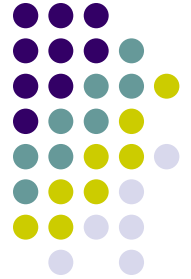
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Unknown NPI Report

- Contains NPIs which have not been reported to Medicaid
- Available every checkwrite
- Action Required: Report NPI
- Provider must Resubmit Claims

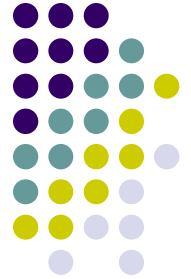
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Unknown NPI Report

- Report will Include:
  - Submitted Address on 837
  - Recipient Name
  - Recipient MID
  - Date of Service

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Unknown NPI Report

- Report will include:
  - Patient Account Number / Medical Record Number
  - ICN (Claim Number)
  - Total Billed Amount
  - Unknown Billing NPI as submitted on the claim

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# Unknown NPI Report



HMDR2010  
RUN DATE: 08/18/2006

NORTH CAROLINA MMIS +  
PROCESSED ECS CLAIMS WITH UNKNOWN NPI  
FOR CHECKWRITE 08/08/2006

PAGE: 2

\*\*\*\*\*  
\* SPECIAL NOTE: THE NPI SUBMITTED ON YOUR MEDICAID CLAIMS WAS NOT VALID AT THE TIME OF CLAIMS PROCESSING \*  
\*\*\*\*\*

SUBMITTED ADDRESS:  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX XX 99999 9999

LAST NAME	FIRST M NAME I	SERVICE DATE	RECIPIENT ID	PATIENT ACCT / MEDICAL RECORD	CLAIM NUMBER	TOTAL BILLED	SUBMITTED NPI*
[REDACTED]	[REDACTED]	08/09/2006	[REDACTED]	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	052006222004164	23.89	XXXXXXXXXX
		08/07/2006		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	052006222004165	124.00	XXXXXXXXXX
		08/04/2006		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	052006222004166	55,000.99	XXXXXXXXXX
		08/04/2006		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	052006222004167	999.99	XXXXXXXXXX
		08/08/2006		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	052006222004168	111.11	XXXXXXXXXX
		08/08/2006		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	052006222004169	222.23	XXXXXXXXXX
		08/08/2006		XXXXXXXXXXXXXXXXXXXXXXXXXXXX	052006222004170	435.66	XXXXXXXXXX

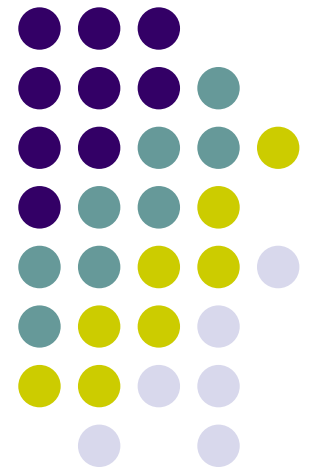
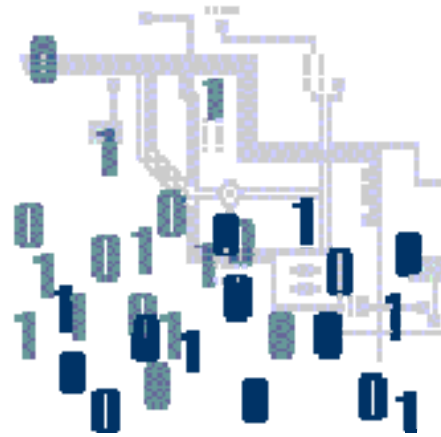
\*\*\*\*--> TOTAL DENIED CLAIMS 7 CLAIMS

\* THE NPI NUMBER SUBMITTED ON YOUR CLAIM WAS NOT REGISTERED WITH DMA. THESE CLAIMS WILL NOT BE LISTED ON YOUR REMITTANCE ADVICE.

PAYER ID: ELECTRONIC DATA SYSTEMS CORPORATION, PO BOX 30968 RALEIGH, NC 27622

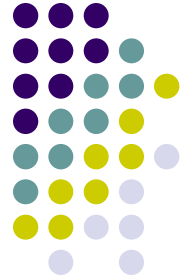
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# NC Medicaid Implementation Approach



NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# Minimal Enhancements



- North Carolina's approach is consistent with what is being done nationally
- Current implementation status is consistent with other states
- Implementing NPI in current claims processing system

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

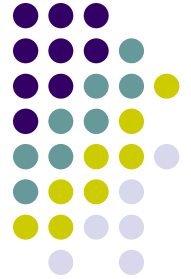


# DMA Approach



- The NPI will be mapped to the Medicaid Provider Number for claim adjudication
- Mapping hierarchy established to determine the appropriate Medicaid Provider Number to assign to the claim for adjudication
- Internal edit and audit programs used for adjudications are not changing

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# DMA Approach, continued

- Data elements from the claim will be used in the mapping:
  - Taxonomy codes
  - Service Location and Billing Provider Zip codes – Zip +4 will be required
  - Procedure Codes
- Some claims may require additional research

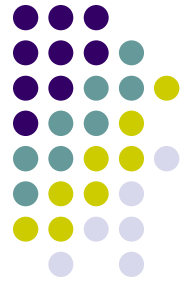
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# Automated Voice Response System



- The Automated Voice Response System (AVRS) will still use the Medicaid Provider Number
- An analysis is being performed to determine scope of use with the NPI

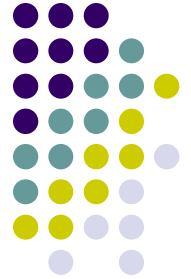
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Medicare Crossover Claims

- NPI is crossing over on claims today
- Providers must submit taxonomy on all claims
  - *Even if Medicare does not require*
- Taxonomy will be required for claim to process

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# NC Project Status

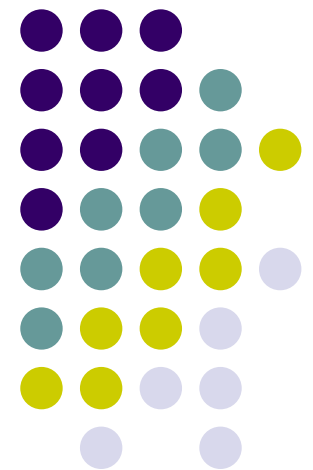
- Technical Design Complete
- System Testing in Progress
- BETA Testing

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# New EOB Codes

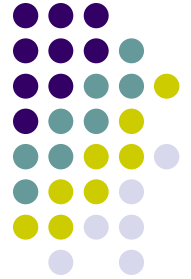
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*New Codes Created for NPI  
Implementation*



NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

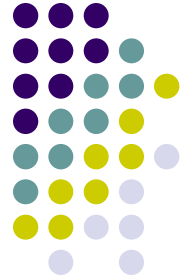
# EOB 3101



- Description: The Taxonomy Code for the Attending Provider is Missing
- Resolution: Add Attending Taxonomy and resubmit claim

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

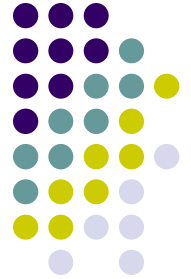
# EOB 3102



- Description: The Taxonomy Code for the Billing Provider is Missing
- Resolution: Add Billing Taxonomy and resubmit claim

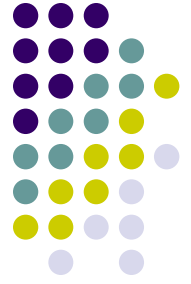


# EOB 3105



- Description: The NPI submitted for the prescribing provider is missing or invalid
- Resolution: Add Prescribing Provider's NPI and resubmit claim

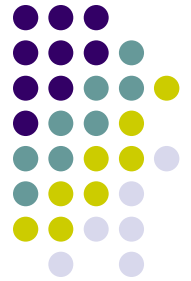
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# EOB 3106

- Description: The NPI submitted for the prescribing provider cannot be the same as the pharmacy's NPI
- Resolution: Verify prescribing provider's NPI and resubmit claim

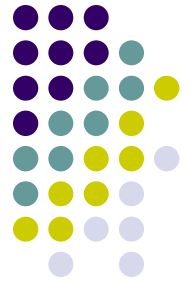
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# EOB 3107

- Description: Claim should contain NPI only without the Medicaid Provider Number as Provider is not atypical
- Resolution: Remove Medicaid Provider Number from claim, and resubmit with NPI only

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

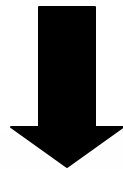


# RA Changes

- Claim payment will still be based on the Medicaid Provider Number
  - Providers will receive a separate RA (835) for each Medicaid Provider Number. Only the NPI is reported on the RA (835)
  - The Unsolicited 277 transaction used for reporting pending claims will contain the NPI
  - Paper RAs will include both the Medicaid Provider Number and the NPI

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# RA Example



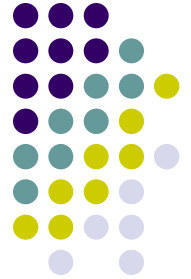
NPI XXXXXXXXXX  
 Provider Number: 0015198

## North Carolina Medicaid - Remittance and Status Advice

Date: 02/14/2006 P1

	Name	Service Dates	Days/	Procedure/Accommodation/	Total	Non	Total	Payable	
	Recipient ID	From To	Units	DrugCode and Description	Billed	Allow	Allowed	Contract	
PAID CLAIMS									
DRUG									
	FIRST M	SVC	RI					TOTAL	
RECIPIENT ID	LAST NAME	NAME I	DATE	NUM	DRUG CODE	DRUG NAME	QTY	CLAIM NUMBER	TOTAL BILLED

NPI - Get It! Share It! Use It! Getting one is free  
 - not having one can be costly!



# Split Claims

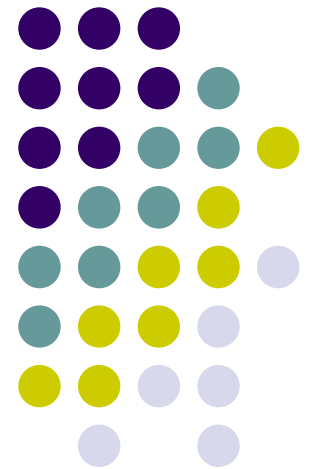
- FQHC/RHC
- O&P
- Enhanced Mental Health

(Claims will split if different programs are billed on same claim.)

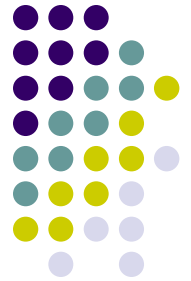
# NCECS Webtool Changes

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*Upcoming Changes Due to NPI  
Implementation*



NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# NCECS Webtool Update

- Update Scheduled for May 18, 2007
- Additional fields for:
  - Taxonomy (Billing, Attending, and Referring)
  - Attending Provider NPI
  - Billing Provider Address
  - Zip +4

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- not having one can be costly!





# CMS-1500 Webtool Changes

**Billing Address:** XXXXXXXXXXXXXXXX

**Billing City:** XXXXXXXX

**Billing State:** XX

**Zip:** 99999-9999

**Referring Physician Provider  
No: (Carolina Access Physician  
Number)** 9999999X

**CLIA Number:** XXXXXXXXXXXX

**Referring Physician NPI:  
(Carolina Access Physician  
Number NPI)** 9999999999

**Referring  
Physician  
Taxonomy:** XXXXXXXXXXXX

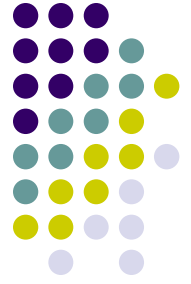
**Service Facility Location:** XXXXXXXXXXXX

**Service Facility  
NPI:** 9999999999

**Service  
Facility Zip:** 99999-9999

**Miscellaneous Claim Information**

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Service Facility Location

- Answers the Question: Where was the Service Rendered?
- Rendering Location Could Differ from Billing Location
- Equivalent to Block 32 on Paper CMS-1500

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# NCECS CMS-1500 Webtool Changes



## Rendering/Attending Information

R/A Provider First Name: XXXXXXXXXXX

R/A Provider Last Name: XXXXXXXXXXX

R/A Medicaid Provider Number: 9999999

R/A NPI: 9999999999

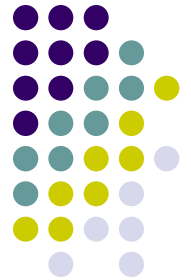
R/A Taxonomy: XXXXXXXXXXX

## CMS-1500 Insurance Detail

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NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# NCECS ADA Webtool Changes



## Dental Claim

### Selection Criteria

Claim Type: Dental

Claim ID: 999999999999999999

Back

Print

### Recipient Information

Recipient Last Name: XXXXXXXXXXXX

Recipient First Name: XXXXXX

Recipient Medicaid ID Number: 999999999X

Medical Record Number:

Patient Account Number:

Prior Authorization Number:

### Provider Information

Provider Last Name or  
Organization Name: XXXXXXXXXXXX  
XXXXXXXXXX

Provider First  
Name: XXXXXXXXXXXX

Medicaid Provider Number: 99999999

National  
Provider ID: 9999999999

Billing  
Taxonomy: XXXXXXXXXXXX

Billing Address: XXXXXXXXXXXXXXXXXXXX

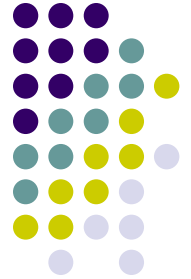
Billing City: XXXXXXXX

Billing State: XX

Zip: 99999-9999

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# NCECS ADA Webtool Changes



## Rendering/Attending Information

R/A Provider First Name:

R/A Provider Last Name:

R/A Medicaid Provider Number:

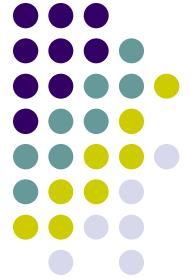
R/A NPI:

R/A Taxonomy:

## Dental Insurance Detail

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# NCECS UB-04 Webtool Changes



## Other Procedure Codes

XXXXX

mm/dd/ccyy

## Treatment Authorization Codes

A: 111

B: 111

C: 111

## Provider Data

Attending Physician ID(UPIN):

Attending Physician NPI:

9999999999

Attending Physician Taxonomy:

XXXXXXXXXXXX

Attending Physician Zip:

99999-9999

Other Physician(Carolina Access Physician  
Number):

Other Physican NPI(Carolina  
Access Physician NPI):

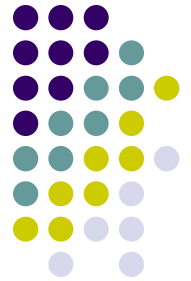
9999999999

Other Physican Provider  
Taxonomy:

XXXXXXXXXXXX

Remarks:

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Voids and Replacements

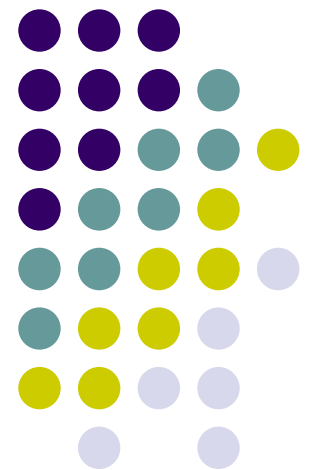
- If NPI Changes and an Adjustment is needed:
  - Void Claim with Old NPI
  - Resubmit with New NPI
- Cannot Submit Replacement Claim

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# Top NPI Paper Claim Submission Errors

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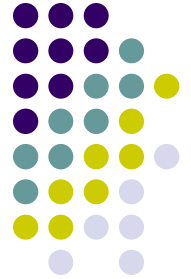
*Common Errors to Avoid*



NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



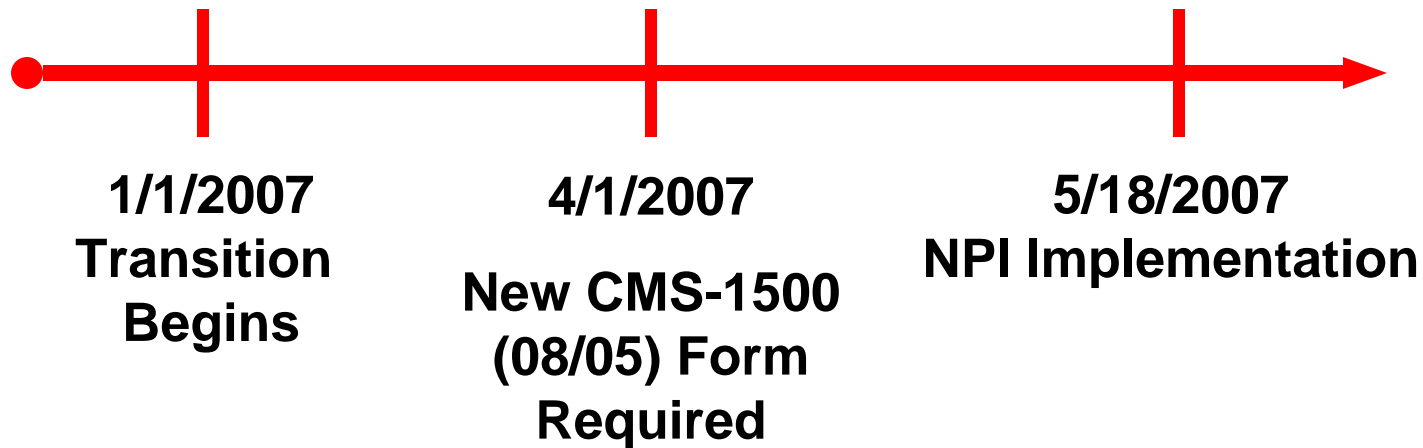
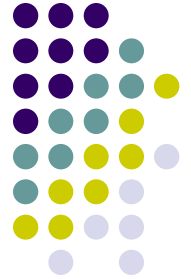
# Paper Claims



- NC Medicaid will require the NPI on the paper claims
  - CMS-1500 (08/05)
  - UB-04
  - ADA 2006
- Consult December 2006 Special Bulletin for Claim Form Instructions

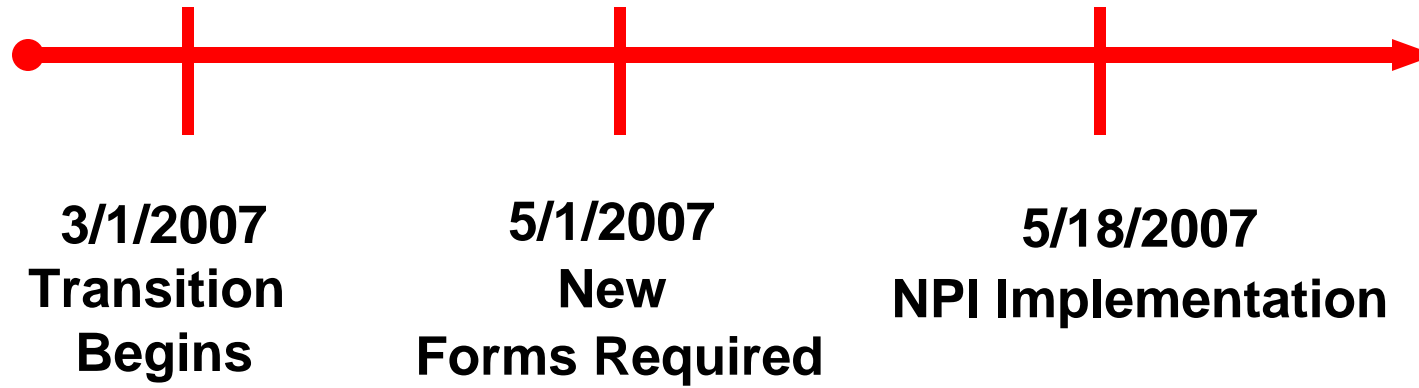
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# CMS-1500 (08/05) Timeline

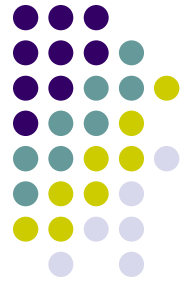


NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# UB-04 and ADA Timeline



NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Common Error #1

- Qualifiers are not being used
- Definition: Identifies whether the number to the immediate right on the claim represents
  - Medicaid provider number “1D”
  - Taxonomy code “ZZ”

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# CMS-1500 (08/05) Transition Effective 1/1/2007



b. OTHER INSURED'S DATE OF BIRTH MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE (State) _____		b. EMPLOYER'S NAME _____			
c. EMPLOYER'S NAME OR SCHOOL NAME _____					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				c. INSURANCE PLAN NAME _____			
d. INSURANCE PLAN NAME OR PROGRAM NAME _____					10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER INSURANCE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. PATIENT'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE to process this claim. I also agree to the terms and conditions of the assignment of benefits agreement on file with the plan. SIGNED _____					13. INSURED'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE medical or other information necessary to process this claim. I also agree to the terms and conditions of the assignment of benefits agreement on file with the plan. SIGNED _____					13. INSURED'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE medical or other information necessary to process this claim. I also agree to the terms and conditions of the assignment of benefits agreement on file with the plan. SIGNED _____		
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY			16. DATES PATIENT WAS IN HOSPITAL FROM MM DD TO MM DD						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. _____		17b. NPI _____		18. HOSPITALIZATION FROM MM DD TO MM DD			
19. RESERVED FOR LOCAL USE					20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO					21. MEDICAID RESIDENTIAL CODE		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. _____ 2. _____ 3. _____ 4. _____					22. MEDICAID RESIDENTIAL CODE					23. PRIOR AUTHORIZATION		
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY			B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES	

**17a. Enter Qualifier: "1D"**

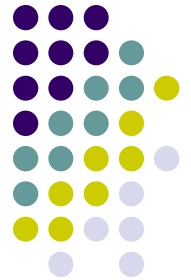
# CMS-1500 (08/05) Implementation Effective 5/18/2007



b. OTHER INSURED'S DATE OF BIRTH MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE (State)		b. EMPLOYER'S NAME			
c. EMPLOYER'S NAME OR SCHOOL NAME					OTHER ACCIDENT?					INSURANCE PLAN		
d. INSURANCE PLAN NAME OR PROGRAM NAME												
READ BACK OF FORM 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE to process this claim. I also request payment of this claim be made to the provider below. SIGNED _____												
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT FROM						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. <input type="checkbox"/>			17b. NPI			18. HOSPITALIZATION FROM			
19. RESERVED FOR LOCAL USE												
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)												
1. _____			3. _____			22. MEDICAID RES. CODE						
2. _____			4. _____			23. PRIOR AUTHORIZATION						
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY			B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER		
											F. \$ CHARGES	

**17a. Enter Qualifier: "1D" if entering  
CA Override Number  
OR Qualifier: "ZZ" if entering referring  
provider's taxonomy number**

# CMS-1500 (08/05) Transition Effective 1/1/2007



16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO			
22. MEDICAID RESUBMISSION CODE			
23. PRIOR AUTHORIZATION			
E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ERSOI Family Plan
			I. ID QUAL
			J. RENDERING PROVIDER ID. #
			NPI
			NPI
			NPI
			NPI
			NPI
			NPI
			NPI
			NPI
ASSIGNMENT? (no, see back)	28. TOTAL CHARGE \$	29. AMOUNT PAID \$	30. BALANCE DUE \$
NO			
33. BILLING PROVIDER INFO & PH # ( )			
a. NPI		b.	

**24I Enter Qualifier: "1D"**

PHYSICIAN OR SUPPLIER INFORMATION

# CMS-1500 (08/05) Implementation Effective 5/18/2007



16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
18. HOSPITALIZATION DATE FROM MM DD	
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	
22. MEDICAID RESUBMISSION CODE	
23. PRIOR AUTHORIZATION	
E. DIAGNOSIS POINTER	F. \$ CHARGES
G. DAYS OR UNITS	H. ERSOI Family Plan
I. ID QUAL	J. RENDERING PROVIDER ID. #
NPI	
NPI	
NPI	
NPI	
NPI	
NPI	
NPI	
ASSIGNMENT? (no, see back)	28. TOTAL CHARGE
NO	\$
	29. AMOUNT PAID
	\$
	30. BALANCE DUE
	\$
33. BILLING PROVIDER INFO & PH # ( )	
a. NPI	b.

PHYSICIAN OR SUPPLIER INFORMATION

**24I Enter  
Qualifier: "ZZ"**



**33b. Enter Qualifier: "1D" (and Medicaid billing provider number)**

**33b. Enter Qualifier: “ZZ”  
(and billing provider’s taxonomy number)**

**FL57: Qualifier: “1D”  
(and Medicaid  
billing provider number)**

**FL57: Qualifier: “ZZ”  
(and billing provider’s  
taxonomy number)**

# UB-04 Transition Effective 3/1/2007



63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																							
A																				<b>FL76: Enter Qualifier: "1D" And Attending Medicaid provider number.</b>																																							
B																																																											
C																																																											
66 DK										67 A B C D E F										68 J K L M N O																																							
69 ADMIT DX										70 PATIENT REASON DX										71 PPS CODE										72 ECI										73 ↓ ↓																			
74 PRINCIPAL PROCEDURE CODE DATE										a. OTHER PROCEDURE CODE DATE										b. OTHER PROCEDURE CODE DATE										75										76 ATTENDING NPI										QUAL									
																																								LAST										FIRST									
c. OTHER PROCEDURE CODE DATE										d. OTHER PROCEDURE CODE DATE										e. OTHER PROCEDURE CODE DATE																				77 OPERATING NPI										QUAL									
																																								LAST										FIRST									
80 REMARKS										81CC a																				78 OTHER NPI										QUAL																			
										b																				LAST										FIRST																			
										c																				79 OTHER NPI										QUAL																			
										d																				LAST										FIRST																			

UB-04 CMS-1450

APPROVED OMB NO.

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC<sup>®</sup> National Uniform  
Billing Committee  
LIC9213257

# UB-04 Implementation Effective 5/18/2007



63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																																																	
A																				<b>FL76: Enter Qualifier: "ZZ" And Attending provider's taxonomy number.</b>																																																	
B																																																																					
C																																																																					
66 DK										67 A B C D E F										68 J K L M N O																																																	
69 ADMIT DX										70 PATIENT REASON DX										71 PPS CODE										72 ECI										73																													
74 PRINCIPAL PROCEDURE CODE DATE										a. OTHER PROCEDURE CODE DATE										b. OTHER PROCEDURE CODE DATE										75										76 ATTENDING NPI										QUAL										79									
																																								LAST										FIRST																			
c. OTHER PROCEDURE CODE DATE										d. OTHER PROCEDURE CODE DATE										e. OTHER PROCEDURE CODE DATE																				77 OPERATING NPI										QUAL																			
																																								LAST										FIRST																			
80 REMARKS										81CC a																				78 OTHER NPI										QUAL																													
										b																				LAST										FIRST																													
										c																				79 OTHER NPI										QUAL																													
										d																				LAST										FIRST																													

UB-04 CMS-1450

APPROVED OMB NO.

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

NUBC  
National Uniform  
Billing Committee  
LIC9213257

# UB-04 Transition Effective 3/1/2007



63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																													
A																				A																													
B																				B																													
C																				C																													
66 OK										67										68																													
A										B										C																													
J										K										L																													
M										N										O																													
P										Q																																							
69 ADMIT DX										70 PATIENT REASON DX										71 PPS CODE										72 ECI										73									
74 PRINCIPAL PROCEDURE CODE DATE										a. OTHER PROCEDURE CODE DATE										b. OTHER PROCEDURE CODE DATE										75																			
c. OTHER PROCEDURE CODE DATE										d. OTHER PROCEDURE CODE DATE										e. OTHER PROCEDURE CODE DATE																													
80 REMARKS										81CC a																				76 ATTENDING NPI										QUAL									
										b																				LAST										FIRST									
										c																				77 OPERATING NPI										QUAL									
										d																				LAST										FIRST									
																														78 OTHER NPI										QUAL									
																														LAST										FIRST									
																														79 OTHER																			
																														LAST																			

UB-04 CMS-1450

APPROVED OMB NO.

THE CERTIFICATION

**FL78: Enter Qualifier: "1D"  
Medicaid CA number,  
referring provider number, or  
CA override number.**

# UB-04 Implementation Effective 5/18/2007

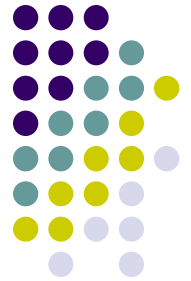


63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME											
66 CX		67		A		B		C		D		E		F		G		H		68											
				I		J		K		L		M		N		O		P													
69 ADMIT DX						70 PATIENT REASON DX		a		b		c		71 FPS CODE				72 ECI				73									
74 PRINCIPAL PROCEDURE CODE DATE				a. OTHER PROCEDURE CODE DATE				b. OTHER PROCEDURE CODE DATE				75				76 ATTENDING				NPI				QUAL							
																LAST				FIRST											
c. OTHER PROCEDURE CODE DATE				d. OTHER PROCEDURE CODE DATE				e. OTHER PROCEDURE CODE DATE								77 OPERATING				NPI				QUAL							
																LAST				FIRST											
80 REMARKS										81CC		a						78 OTHER				NPI				QUAL					
										b								LAST				FIRST									
										c																					
										d																					

UB-04 CMS-1450 APPROVED OMB NO.

**FL78: Enter Qualifier: "1D" if entering  
CA Override number  
OR Qualifier: "ZZ" if entering referring  
provider's taxonomy**





## Common Error #2

- Carolina ACCESS Information Entered in Block 19 instead of 17a on CMS-1500 (08/05)
- Block 19 will not be keyed on CMS-1500 (08/05)
- Providers will receive EOB 270

# CMS-1500 (08/05) Transition Effective 1/1/2007



b. OTHER INSURED'S DATE OF BIRTH MM DD YY		SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE (State) _____		b. EMPLOYER'S NAME _____			
c. EMPLOYER'S NAME OR SCHOOL NAME _____				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				c. INSURANCE PLAN NAME _____			
d. INSURANCE PLAN NAME OR PROGRAM NAME _____				10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER INSURANCE PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p align="center"><b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b></p> <p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p> <p>SIGNED _____ DATE _____</p>										<p>13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p> <p>SIGNED _____</p>	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY				16. DATES PATIENT WAS IN HOSPITAL FROM MM DD TO MM DD					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____		17b. NPI _____		18. HOSPITALIZATION FROM MM DD TO MM DD			
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)										22. MEDICAID RESUBMISSION CODE	
<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>										23. PRIOR AUTHORIZATION CODE	
24. DATE OF SERVICE MM DD YY				D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER		F. \$ CHARGES	

**19. No longer used for  
Carolina ACCESS**

# Frequently Asked Question



“Prior to NPI Implementation, do I enter the Medicaid Carolina ACCESS number or the NPI on my claim?”

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# CMS-1500 (08/05) Transition Effective 1/1/2007



b. OTHER INSURED'S DATE OF BIRTH MM DD YY			SEX		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE (State)		b. EMPLOYER'S NAME			
c. EMPLOYER'S NAME OF					ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				c. INSURANCE PLAN			
d. INSURANCE PLAN NAME					RESERVED FOR LOCAL USE				d. IS THERE ANOTHER <input type="checkbox"/> YES <input type="checkbox"/> NO			
12. PATIENT'S OR AUTHORIZED to process this claim. I am below.  SIGNED _____					THIS FORM. any medical or other information necessary to the party who accepts assignment  DATE _____				13. INSURED'S OR payment of medical services describe  SIGNED _____			
14. DATE OF CURRENT: MM DD YY			ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT FROM MM DD				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE			17a. _____		17b. NPI _____			18. HOSPITALIZATION FROM MM DD				
19. RESERVED FOR LOCAL USE								20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000			1. _____		2. _____		2. MEDICAID RESL CODE		3. PRIOR AUTHOR		F.	
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY			B. PLACE OF SERVICE		C. EMG		D. PROC (Exp CPT/HCPCS		F. \$ CHARGES			

**17a. REQUIRED:**  
Enter Qualifier: "1D"  
and Medicaid CA PCP,  
referring provider, or  
CA Override Number  
(if applicable)

**17b. OPTIONAL:**  
NPI for CA PCP or  
referring provider –

# CMS-1500 (08/05) Implementation Effective 5/18/2007



b. OTHER INSURED'S DATE OF BIRTH MM DD YY			SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		PLACE (State)		b. EMPLOYER'S NAME		
c. EMPLOYER'S NAME OR SCHOOL NAME					<b>17a. OPTIONAL: Enter Qualifier: "1D" and CA Override Number (if applicable) OR Qualifier: "ZZ" &amp; referring provider's taxonomy number</b>						
d. INSURANCE PLAN NAME OR PROGRAM NAME											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE READ BACK OF FORM TO process this claim. I also request payment of this claim be made to the provider below. SIGNED _____											
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY			15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY			16. DATES PATIENT FROM MM					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					17a. <input type="checkbox"/>		17b. NPI		18. HOSPITALIZATION FROM MM		
19. RESERVED FOR LOCAL USE									20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Item)											
1. _____											
2. _____											
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY			B. PLACE OF SERVICE		C. EMG		D. F. (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		F. DIAGNOSIS POINTER \$ CHARGES		

**17b. REQUIRED:  
NPI for CA PCP or  
referring provider**

# UB-04 Transition Effective 3/1/2007



63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME									
A																				A									
B																				B									
C																				C									
66										67										68									
69 ADMIT DX										70 PATIENT REASON DX										71									
74 PRINCIPAL PROCEDURE CODE										75 OTHER PROCEDURE CODE										76									
77 OPERATING NPI										78 OTHER NPI										79									
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# UB-04 Implementation Effective 5/18/2007

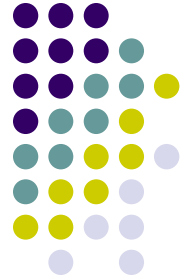


63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME													
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UB-04 CMS-1450 APPROVED OMB NO.

**FL78: REQUIRED:  
NPI for CA PCP or  
referring provider**

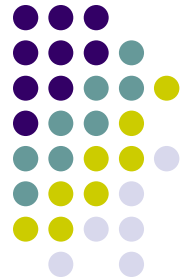
**FL78: OPTIONAL: Enter Qualifier: "1D" and  
CA Override number (if applicable)  
OR Qualifier: "ZZ" and referring  
provider's taxonomy**



# Carolina ACCESS Guide

- Refer to Quick Reference Guide
- December 2006 Special Bulletin
- <http://www.ncdhhs.gov/dma/bulletin/NewClaimFormInstructions.pdf>





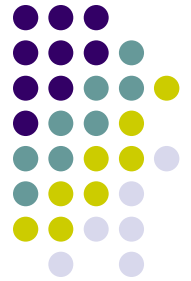
# Common Error #3

- Medicaid Provider Number entered in NPI field on CMS-1500 (08/05)
- Block 33a is reserved for NPI
- During transition, block 33b is reserved for Medicaid Provider Number

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

## A decorative graphic in the bottom right corner consisting of a grid of colored dots. The dots are arranged in a roughly rectangular shape, with colors including dark purple, teal, yellow, and light purple. The dots are of varying sizes and are scattered across the bottom right area of the slide.

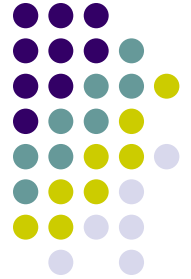
**33a. NPI for billing provider-  
Not Medicaid Provider Number**



# Atypical Providers

- Providers that do not provide health care, as defined under HIPAA in Federal regulations at 45 CFR section 160.103
- Atypical Providers are not required to obtain an NPI
- Refer to [www.cms.hhs.gov](http://www.cms.hhs.gov)

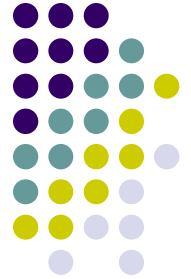
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Prior Approval

- Discussions regarding NPI transition are in progress with:
  - Value Options
  - CCME
  - Provider Link
- Updates will be provided

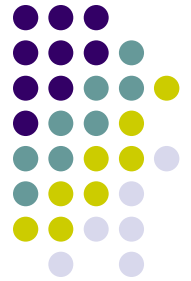
NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Business Continuity

- Keep ability to submit Medicaid Provider Number on claims
- Join Mailing List to receive latest updates

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# Are You Ready?

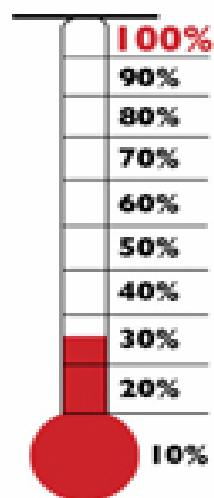
- Providers should be moving from enumeration stage to implementation
- Make appropriate software updates
- Consult **Implementation** Guide
  - Populate NPI in NM109 Segment of 837
- Test claims with NPI and taxonomy

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

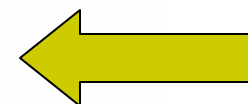


# DMA Website

## National Provider Identifier (NPI)



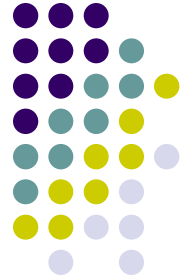
- Only 15,278 (25%) of 60,000 North Carolina Medicaid providers' [NPI Collection Forms](#) have been received. Forms must be returned by March 31, 2007.
- [DMA NPI Information](#)
- [Director's Letter from CMS](#)



[www.ncdhhs.gov/dma](http://www.ncdhhs.gov/dma)

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!

# Provider Communication



- Provider Workshops
- Electronic Mailing List
- DMA Website
- Bulletin Articles
- Provider Letters
- Mailer
- RA Banner Messages

NPI - Get It! Share It! Use It! Getting one is free  
- not having one can be costly!



# National Provider Identifier



Get It!

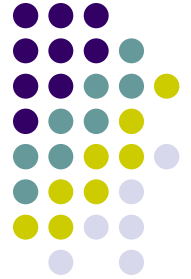
Share It!

Use It!

Getting one is free – Not having one  
can be costly!

# Question/Answer Session

**QUESTIONS ?**



# We Appreciate Your Time!



## Please Complete Your Evaluation

